

# **Preventing Needless Work Disability By Helping People Stay Employed**

Jennifer Christian, MD, MPH  
Webility Corporation

# Plan for This Session

- Introduce ACOEM's newest guideline
  - “Preventing Needless Disability by Helping People Stay Employed.”
- Introduce Webility's “60 Summits Project”
  - Convene stakeholder workshops and use the Guideline as a framework to catalyze positive change in workers' compensation & disability benefits systems.

# About Me

- Board certified occupational medicine
- MD, MPH University of Washington
- 25 year career in wide variety of settings
  - Private practice, heavy industry, workers' comp managed care, HMO, local government
- Disability prevention advocate
- Webility Corporation (training, consulting)
- Active in ACOEM
  - Chair, Work Fitness & Disability Section
  - Chaired groups that wrote 2 guidelines

# Needless Work Disability

- **Employee:** Is harmful. Disrupts daily life, threatens career and self-esteem, leads to iatrogenic invalidism.
- **Employer:** Is disruptive and costly. Reduces productivity, creates unnecessary hassle and expense.
- **Economy:** Is wasteful. Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

# Purpose of Report

- To describe the Stay-at-Work and Return-to-Work (SAW/RTW) process for the first time.
- To point out opportunities for improvement and provide examples of current best practices.
- To begin an on-going dialogue among all the stakeholders.

# History of Report

- Authors are all ACOEM members, representing:
  - 7 specialties (OM, OS, IM, FP, PM&R, P, EM)
  - 15 US states and Canada
  - Private practice, government, academia, heavy industry, workers' comp & disability insurers
- Collaborative, consensus-seeking method
- Widely circulating

# Format of the Report

- Introductory Material
- Orientation to SAW/RTW Process
  - How the SAW/RTW process works
  - Variability of medical conditions and their impact on work
  - The relationship of SAW/RTW process to other processes
- Findings and Recommendations
  - Observations, discussion, examples of best practices

# The SAW / RTW Process

- Stay At Work / Return To Work Process
- A sequence of questions, actions, and decisions made separately by several parties that together determines whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.
- Often stalls or becomes sidetracked because the focus is on corroborating, justifying, or evaluating disability rather than preventing it.



# Five Parallel Processes

1. SAW/RTW
2. Medical care
3. Personal adjustment
4. Benefits administration
5. ADA reasonable accommodation

# 4 General and 16 Specific Recommendations

1. Adopt a disability prevention model.
2. Address behavioral and circumstantial realities that create or prolong disability.
3. Acknowledge the powerful contribution that motivation makes to outcomes, and make changes to improve incentive alignment.
4. Invest in system and infrastructure improvements.

# 1. Adopt a Disability Prevention Model

- Need to increase awareness of how rarely work disability is medically-REQUIRED.
- Urgency is required because prolonged time away from work is harmful.

# Results of First Physician Survey

- THE KEY QUESTION: Based on your clinical experience, what fraction of workers with work-related injuries and illnesses who seek medical care really need to be off work for more than a couple of days for strictly medical reasons?

# Workers' Compensation Cases Requiring More Than A Couple of Days Lost From Work

## MD Opinion

90% of surveyed doctors  
said <10% of cases

- 50% of surveyed doctors  
said <5% of cases

## Actual

- 25% - 30%  
of cases

# Results of Second Physician Survey

- THE KEY QUESTION: What fraction of your patients with a condition that is not work-related and who have asked you to sign a form excusing them from work really needed to be off work for more than a couple of days for strictly medical reasons?

# Non-Occupational Cases Requiring More Than A Couple of Days Away From Work

## MD Opinion

## Actual

80% of surveyed doctors  
said <10% of cases

• 100% of cases

54% of surveyed doctors  
said < 5% of cases

# Disability Is Medically-REQUIRED

## When ...

- Attendance is required at place of care
- Recovery requires confinement at home or in bed
  - Acute response to injury
  - Risk of contagion - Quarantine
  - Need for protected environment
- Work or commute is medically-contraindicated
  - Will worsen medical condition or delay recovery



# Work Disability Prevention



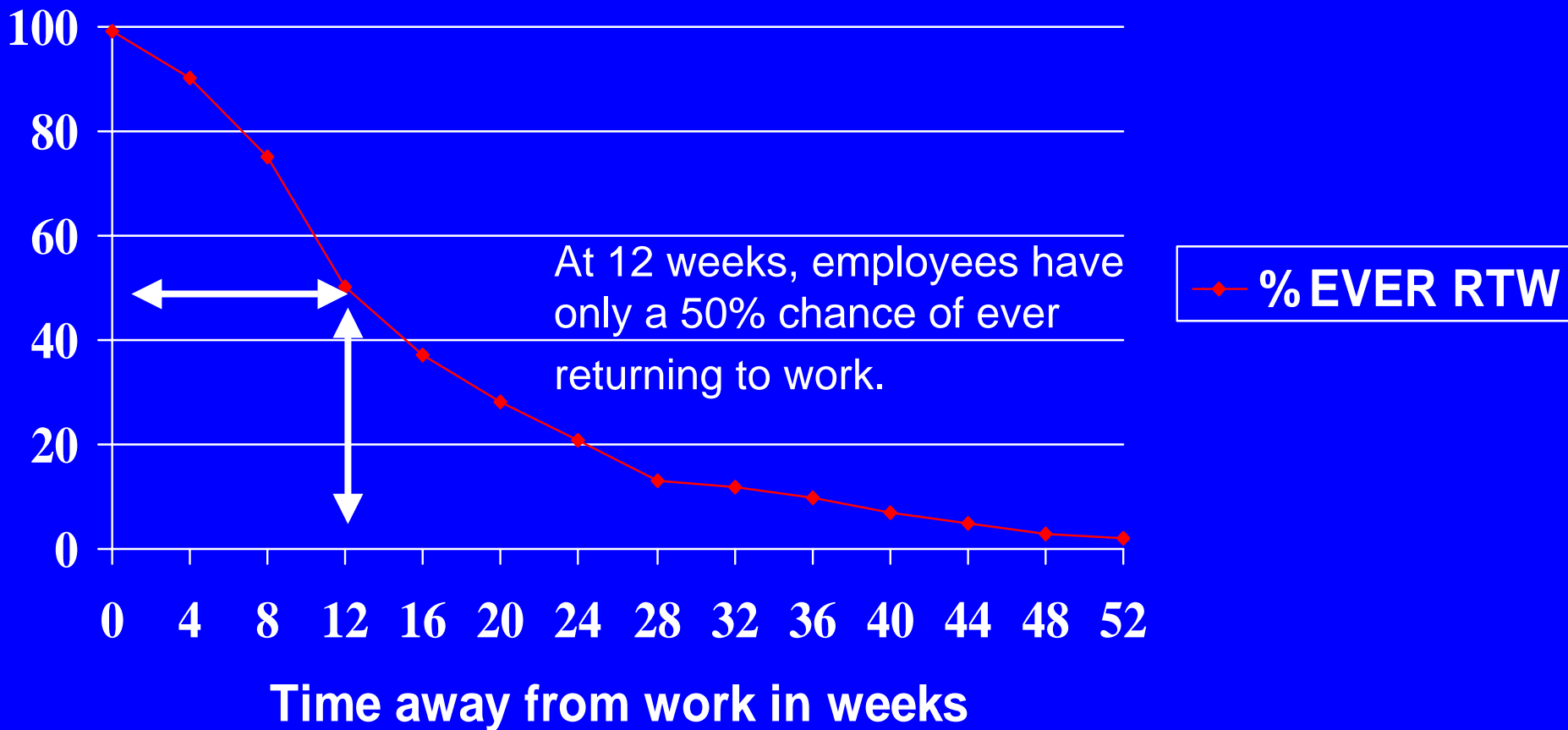
## 2. Address Behavioral and Circumstantial Realities

- People's normal human reactions need to be acknowledged and dealt with.
- Investigate and address social and workplace realities.
- Find a way to address psychiatric conditions effectively.

# Modifiable Factors that Predict Disability

- Interval away from work
- Negative expectations
- Distress, fear-avoidance
- Depression, anxiety
- Maladaptive coping, catastrophizing
- Pain intensity and pain behavior
- Functional disability

# Time Is Of The Essence



### 3. Acknowledge Motivation and Align Incentives

- Pay doctors for disability prevention work to increase their commitment to it.
- Support appropriate patient advocacy by getting treating doctors out of a loyalties bind.
- Increase availability of on-the-job recovery and transitional work.

### 3. Acknowledge Motivation and Align Incentives (cont'd)

- Reduce distortion of the medical treatment process by hidden financial agendas.
- Be rigorous, fair and kind to reduce minor abuses and cynicism.
- Devise better strategies to deal with bad faith behavior.

The employee has the most power to determine the eventual outcome of a disability situation –

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.

The employer plays the second most powerful role in determining the outcome –

. . . by deciding whether to manage the employee's situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery.



## 4. Invest in System and Infrastructure Improvements

- Educate physicians on how to play their role in preventing disability.
- Disseminate evidence on the benefits for recovery of staying active and at work.

## 4. Invest in System and Infrastructure Improvements (cont'd)

- Improve and standardize methods of information exchange between employers / payers and medical offices.
- Improve and standardize the methods and tools that provide data for SAW/RTW decision-making.
- Increase the study of and knowledge about SAW/RTW.

# Webility's "60 Summits" Project

- 50 US states, 10 Canadian provinces
- Goal: Use the Guideline to move the system forward – waste less money; needless disable fewer people.
- Assemble the stakeholders
- Learn about the SAW/RTW process
- Consider each Guideline recommendation
  - How could we implement that HERE?
  - What is a concrete next step?
- Oregon, New Mexico, Minnesota, and ????

# In Your Packet

- Vision of a Summit
- Achieving Maximum Impact
- Draft editorial by Guideline Authors
- The new ACOEM Guideline

Reactions? Suggestions?

ACOEM's Disability  
Prevention Guideline  
available at [www.acoem.org](http://www.acoem.org)

Jennifer Christian, MD, MPH

Webility Corporation

Phone: 508-358-5218

[www.webility.md](http://www.webility.md)